PTO/SB/17 (10-08)
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|  | Complete if Known  |                          |                      |                                    |             |         |                          |                  |
|--|--|--------------------------|----------------------|------------------------------------|-------------|---------|--------------------------|------------------|
| Fees pursuant to the   | Application Number 10/579  |                          |                      | ,597                               | <del></del> |         |                          |                  |
| FEE TRANSMITTAL  |  |                          |                      | Filing Date 04/13                  |             | 04/13/  | /2006                    |                  |
| For FY 2009  |  |                          |                      | First Named Inventor AUBI          |             | AUBE    | ERT, T.                  |                  |
| <del></del>  | Examiner Name BOY  |                          | BOYL                 | LE, R.C.                           |             |         |                          |                  |
| Applicant claims small entity status. See 37 CFR 1.27  |  |                          |                      | Art Unit 4131                      |             |         |                          |                  |
| TOTAL AMOU   | NT OF PAYMENT  | (\$) \$2                 | ,730.00              | Attorney Dock                      | et No.      | FR-AN   | M1982NP                  |                  |
| METHOD OF PAYMENT (check all that apply)   |  |                          |                      |                                    |             |         |                          |                  |
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| Deposit Account Deposit Account Number: 01-2717 Deposit Account Name: 31684  |  |                          |                      |                                    |             |         |                          |                  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)   |  |                          |                      |                                    |             |         |                          |                  |
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| fee(s) under 37 CFR 1.16 and 1.17  |  |                          |                      |                                    |             |         |                          |                  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. |  |                          |                      |                                    |             |         |                          |                  |
| FEE CALCULATION  |  |                          |                      |                                    |             |         |                          |                  |
| 1. BASIC FILING  | , SEARCH, AND EX   | AMINATION                | FEES                 |                                    |             |         |                          |                  |
| i  | FILING F   |                          | SEAR                 | CH FEES                            |             | XAMIN   | ATION FEES               |                  |
| Application Type   | ę Fee <u>(\$)</u>  | Small Entity<br>Fee (\$) | Fee (\$)             | Small Entity<br>Fee (\$)           |             | ee (\$) | Small Entity<br>Fee (\$) | Fees Paid(\$)    |
| Utility  | 330  | 165                      | 540                  | 270                                |             | 220     | 110                      |                  |
| Design   | 220  | 110                      | 100                  | 50                                 |             | 140     | 70                       |                  |
| Plant  | 220  | 110                      | 330                  | 165                                |             | 170     | 85                       |                  |
| Reissue  | 330  | 165                      | . 540                | 270                                | 1           | 350     | 325                      |                  |
| Provisional  | 220  | 110                      | 0                    | 0                                  |             | 0       | 0                        |                  |
| 2. EXCESS CLAIM FEES Small Entity  |  |                          |                      |                                    |             |         |                          |                  |
| Fee Description  |  |                          |                      |                                    |             |         | Fee (\$)                 | Fee (\$)         |
| Each claim over 20 (including Reissues)  |  |                          |                      |                                    |             |         | 52                       | 26               |
| Each independent claim over 3 (including Reissues)   |  |                          |                      |                                    |             |         | 220                      | 110              |
| **************************************   |  |                          |                      |                                    |             |         |                          | 195              |
|  | E . Obstan   | (D)                      |                      | F D-14 (A)                         |             |         |                          | Dependent Claims |
| Total Claims   | Extra Claim  |                          | <b>55.00</b>         | Fee Paid (\$)                      |             |         | Fee (\$)                 | Fee Paid (\$)    |
| HP = highest number  | or HP =<br>of total claims paid for,   | X3<br>if greater than 2  | <u>.54.00</u> =<br>∩ | 20.00                              |             |         |                          |                  |
| Indep. Claims  | Extra Claim  |                          |                      | Fee Paid (\$)                      |             |         |                          |                  |
| 3 or HP = x\$220.00 =\$0.00_   |  |                          |                      |                                    |             |         |                          |                  |
| HP = highest number of independent claims paid for, if greater than 3.   |  |                          |                      |                                    |             |         |                          |                  |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under                         |  |                          |                      |                                    |             |         |                          |                  |
| 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |  |                          |                      |                                    |             |         |                          |                  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  |  |                          |                      |                                    |             |         |                          |                  |
| 100 = / 50 (round up to a whole number) x <u>\$270.00</u> = <b>\$0.00</b><br>4 OTHER EFE(\$)   |  |                          |                      |                                    |             |         |                          |                  |
| 4. OTHER FEE(S)  Non-English specification, \$130 fee (no small entity discount)   |  |                          |                      |                                    |             |         |                          |                  |
| Other (e.g., late filing surcharge): Petition for Revival, Three month extension of time \$2,730.00  |  |                          |                      |                                    |             |         |                          |                  |
| SUBMITTED BY   |  |                          |                      |                                    |             |         |                          |                  |
| Signature  | The same of the sa | Best                     | R<br>(/              | egistration No.<br>Attorney/Agent) | 310         | 00      | Telephone                | 215-419-5270     |
| Name (Print/Type)  | <del></del>  | Steven                   | D. Boyd, I           |                                    |             |         | Date                     | June 18, 2009    |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the inclividual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.